

**Supplemental Application Data Sheet****Application Information**

Application number:: ~~Concurrently Herewith~~ 10/622,800  
Filing Date:: July 18, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: ~~Not Yet Assigned~~ 3739  
CD-ROM or CD-R?:: None  
Sequence submission?:: No  
Computer Readable Form (CRF)?:: No  
Title:: DEVICES AND METHODS FOR COOLING  
MICROWAVE ANTENNAS  
Attorney Docket Number:: 412692001700  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 26  
Small Entity?:: ~~No~~ Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Roman  
Family Name:: TUROVSKIY  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 240 N. Lake Merced Hills  
City of mailing address:: San Francisco  
State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94132

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steven  
Family Name:: KIM  
City of Residence:: Los Altos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 2029 Crist Drive  
City of mailing address:: Los Altos  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94026

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Mani  
Family Name:: PRAKASH  
City of Residence:: Campbell  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 576 Virginia Avenue  
City of mailing address:: Campbell  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95008

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Francesca

Family Name:: ROSSETTO  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 8 Locksley Avenue, Apt. 9B  
City of mailing address:: San Francisco  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94122

**Correspondence Information**

Correspondence Customer Number:: 25226 20872

**Representative Information**

Representative Customer Number:: 25226 20872

**Assignee Information**

Assignee name:: VIVANT MEDICAL, INC.  
1916-A Old Middlefield Way  
Mountain View, California 94043